

An Essay

on

Puerperal Convulsions

by

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of

Virginia.



8th L Walnut

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Revised Commission

James M. Smith

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Puerperal Convulsions.

The selection of this disease as the subject of my Thesis was not made with the expectations of advancing anything new but solely with the view of investigating it as well as my opportunities would permit with the earnest hope that I might be enabled to form an opinion as to its Pathology, Nature and Treatment. I have been further influenced in this selection as Puerperal Convulsions are one of those subjects upon which the Medical world has been long divided, and the study of which is for the most part calculated to obscure the ideas of the student and to fill his mind with unpleasant anticipations, when about to enter upon the duties of his "profession". We have on this subject but little more than theory, and the theories which have been advanced are of such a different nature and require such different treatment, that instead of forming a correct opinion, we are likely, when we think we are about to reach a safe anchorage, to be buffeted and driven back untill we are enveloped in the thick

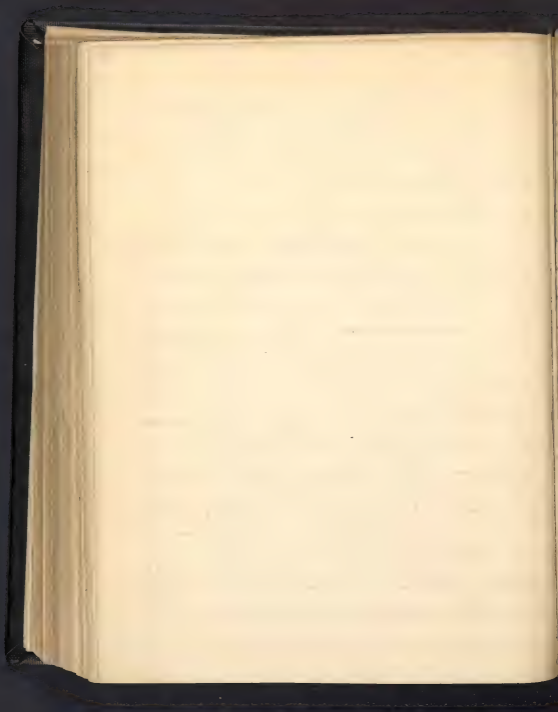
midst of the surrounding waves, and are almost ready
 to despair of winning at the wished for port. This is
 strongly exemplified in consulting the different authors
 who have written on this disease; for one, considering
 it as arising from rigidity and extreme sensibility
 of the uterine fibres— another from over distention
 of the uterus— and another from a nervous state
 of the system in general, and, each one having his
 own treatment: I ask, what is in itself better calcu-
 lated than such doubt and speculation to bewilder
 and confound the student? It is indeed discouraging
 to him, let me not however be understood as say-
 ing that the path is altogether blind; for be it from me
 Although there has been since the first dawn of me-
 dicine as great a contrariety of opinions on this subject,
 and although the sun of genius has shone but with a faint
 light upon it, some have been able in very many instan-
 ces to bring to a favourable termination this, one of the
 most alarming diseases to which all those who "Love their Lord"

are liable.

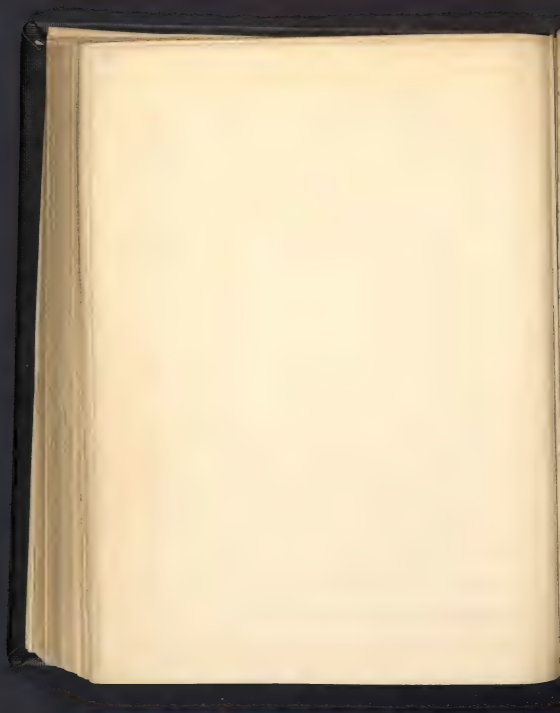
Convulsions may take place at any period of gestation, but they occur most frequently between the sixth and ninth months; they may also take place after delivery, but this is rare. They are preceded by Headache, Tinnitus Aurium, Dull, suffused eyes, Indistinct visions, Flashes of fire in the eyes, and a number of symptoms which warn us of the approach of something serious. They are of Three Kinds. Epileptic, Hysterick and Apoplectic. Bland is of opinion that the Epileptic occur fifty times where the others occur once. Bland asserts that the Epileptic partake more of the Apoplectic than Hysterick species, and I am inclined to think from his Pathological views of the subject, that it is his belief that the Apoplectic are more frequently met with than is generally suspected. He says, that as pregnancy advances, the gastric intensity sensibly declines, and after quickening mostly ceases, and the womb at the same time increasing in size, presses the Intestines into a much smaller

less space than is natural to them, and consequently that
the Aorta and other large vessels are compressed and de-
termination to the head is produced; also, moreover, says
that in conjunction with this, the violent and often im-
pendent efforts of the woman drive the blood with
such force upon the brain, that rupture of vessels,
extravasation and Apoplexy follow each other in quick
succession. Mr Hamilton views on the other hand would
lead us to believe, that the uterus retained its sensibility un-
till the latest period of pregnancy, and accordingly he says
that convulsions may arise either from extreme sensibi-
lity in the Cervix and Os Uteri, or from over distention
of the uterus itself. Bara admits the former of Hamil-
ton's opinions to be probably a cause of Epileptic con-
vulsions, but denies indirectly that the latter exists at
all as a cause. Baudelocque says that those which
arise during labour may be owing to extreme sen-
sibility of the uterine fibres, violent distention of
the Cervix and Os Uteri, and of those parts which form

The entrance of the Indurium. Rupture of the uterus
 and in a rarefaction of the blood and consequent im-
 pulsion of its volume in consequence of the heat
 excited by the continued efforts of the woman then
 we correct Bontroppe may be in his opinion in pe-
 riod, the latter one must I think be acknowledged to
 be incorrect, for it has been satisfactorily ascertained
 (and we have Dr. Chopra's word for it) that blood is
 not an inflammable fluid. Dr. Simon says that the
 disease occurs usually in Piles and among the in-
 flammations of the rectum, and that it is produced or at least pre-
 disposed by the unwholesome air, or by changes affected in
 the constitution by the manner of living. This is said
 by Dr. Luce not to be the fact, but that he has seen
 as many cases of it not more in the country and in
 the humblest walks of life than in any other situ-
 ation. With due reference to Dr. Luce's opinion, I must say
 if I may be allowed an opinion that I have already
 been and am still persuaded that Dr. Simon's

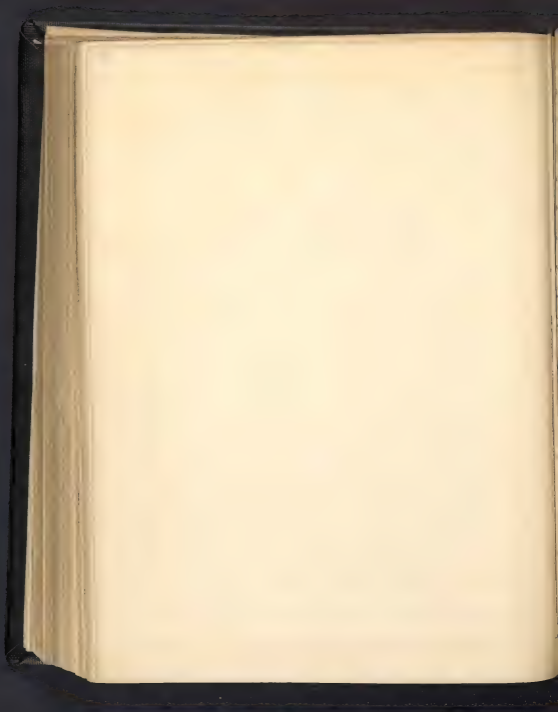


could, and I think I have grounds for my opinion, for in the part of the country in which I live there is but little wealth, comparatively speaking, and the people are for the most part compelled to lead a humble and a hard life, and I have never having any recollection known more than two cases of the pestilence, and both of those were men who lived luxuriously, and avoided but little. There are various other opinions on the subject but those I have stated, and it is unnecessary for me to overburden them all. Notwithstanding, however, all the conjectures and inquiries as to the proximate cause of the disease, it is still somewhat obscure; enough however is known to direct the cautious hunt to a happy termination of it in many cases, and just enough to inspire the imagination with a sense of further investigation and is a fit subject for exciting in the breast of the young, sometimes a variable spirit of emulation, which alone can

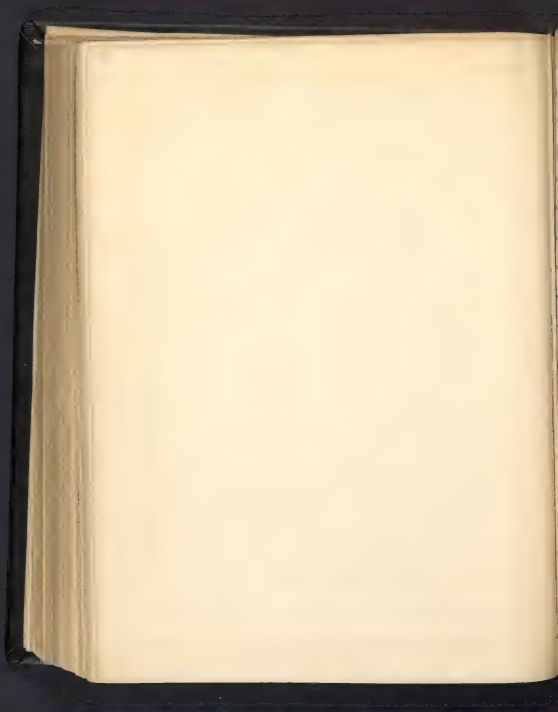


promise to him that distinction in his proposals which
is so desirable.

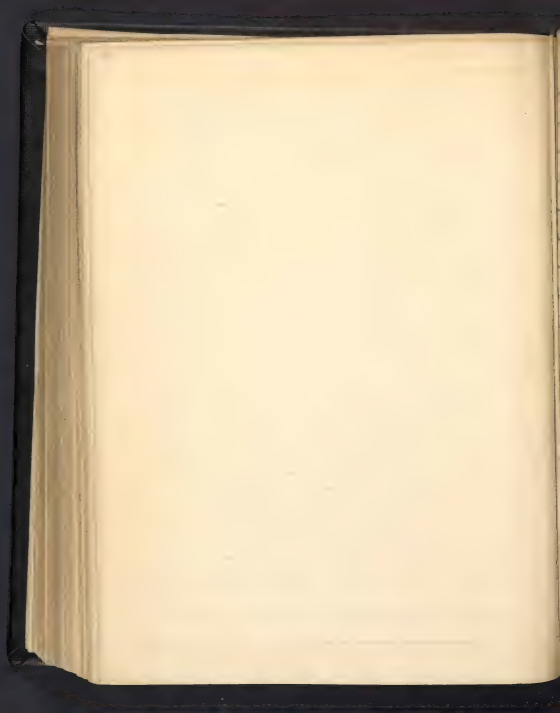
It is certainly a desirable object to the Physician to be able to
distinguish the exact nature or species of Convulsions, for
the different species require such different treatment,
at least the Hygienic) and I think that the aptest di-
vision of them into epileptic, hysterick and hysterical and
the coincidence with the symptoms of each have been immu-
nated by some authors are both proper and useful.
The epileptic species is he already well stated, is
known generally to be the more frequent one which
is mostly produced by dimness of vision. Perhaps
hanging in the air, I found more in the form,
tense, and what is said by D'E. was in his pro-
posal in Spasmodic convulsions particularly to
characterise the species with the epileptic, was
not given in the proposal, notwithstanding the
distinction is proper to the theory, one of the
side consequences of the other. That is all that it differs



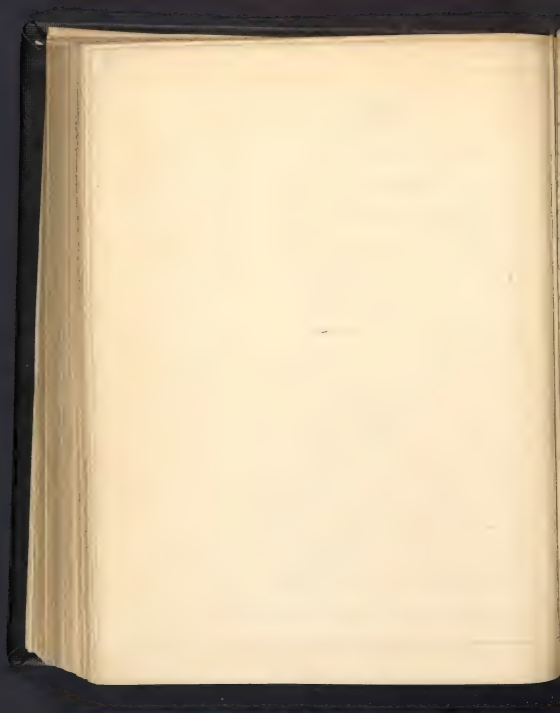
in length of time, and it is said that the shorter
 the time is, the more violent and dangerous
 will be the convulsions. The woman is sometimes
 seized very suddenly, and without any of those
 premonitory symptoms; whilst engaged in her
 usual avocations, she falls down suddenly and most
 violently convulsed. The continuation of all
 wounds and the others must point out the danger-
 fulness of the very paroxysms. In the major-
 ity of instances, however, we have a prelude to the tragic
 scene and that not a little unpleasant. After the
 above mentioned symptoms have continued awhile;
 the whole body becomes convulsed, the muscles of
 the face move particularly, the eyes move with
 incredible swiftness, and the whole countenance
 assumes a most frightful aspect. A tongue is
 thrust between the teeth, a bloody froth flows from
 the mouth, and there is a superfluous which
 is peculiar to this episode. The pulse is at first



seems and strongly excited, but it has the becomes
 weak, frequent and small, so that the sensations
 can scarcely be felt: who one thing is at first dif-
 ficult and opposed, but after a time becomes
 more easy. The Urine and Stool are sometimes
 discharged, and the body is covered with a cold, swee-
 ny sweat; These mutually subsiding, the woman
 remains in a comatose state, and cannot be ex-
 cited, and when she does come to be
 waked, she has either no recollection, or a weak
 recollection of what has passed, and there is
 a peculiar insensibility to pain. The respirations
 however of but short duration, for the efforts are
 repeated again and again, if one is not re-
 lieved, and they return finally with all the sym-
 ptoms of putrid puerperal fever, including always an
 empyema or abscess of some kind, it is not
 known whether they are caused or not. The
 child is frequently seen turning one of these into the

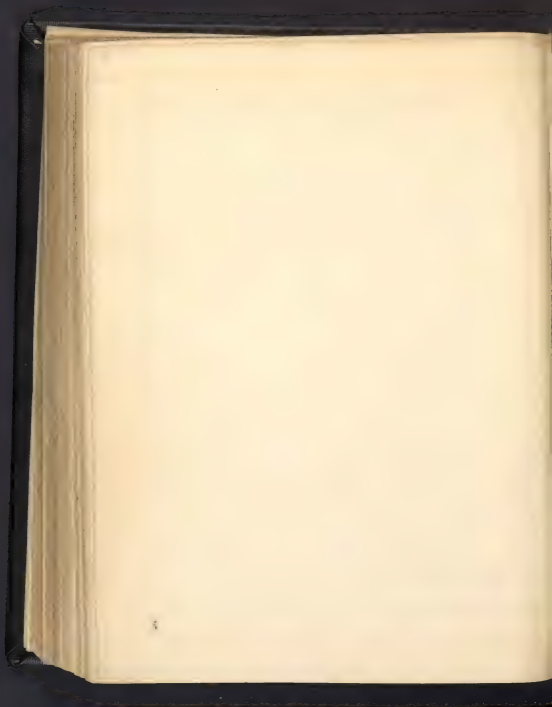


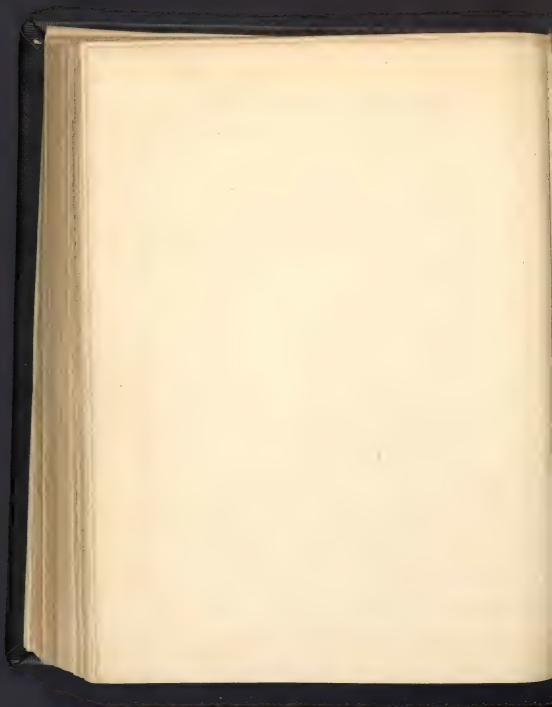
it would seem from a case mentioned by Dr
 James, in which I Clarke had his hand in the uterus
 during a convulsion, that the entire hand was
 by no means so much affected by muscular action
 as the arm, and that it was very irritable and tremu-
 lous. Women are sometimes subject to these
 convulsions, when they are not pregnant, and if these
 occur during pregnancy, they do not affect the
 uterus, nor do they require any extraordinary
 treatment. The Puerperal may be distinguished from
 the other by a greater number of them taking
 place in a given time, they are not preceded
 by heat, and the patient remains in a condition
 of comatose and more florid, the organs of
 sense are more sensible, and the child is
 frequently born during one of these fits, whereas
 in the other the uterus is not implicated.
 The Uterine Spasms often occur during labour, but may
 take place at any period before labour commences. They



are preceded by most of the symptoms of the other, but they are not so violent; and, in addition to these, there is Stasis of the stomach and palpitation. The arms are thrown out and they wish for air. The muscles of locomotion are most affected and the body is thrown into violent convulsions. The eyes do not roll so much as in the other, nor is the face so highly coloured. Respiration is not so hurried or difficult, and the pulse is not so much excited. The woman is conscious to herself well sometimes even the head is not loosened and during the attack will frequently laugh and cry alternately by these means the hysterical may easily distinguished from the other species.

The Apoplectic species may come at any period of gestation, but is not necessarily connected with labour. It is preceded by all the symptoms of Epilepsy except the rising noise, but they are more urgent, the attack comes on sooner and is more violent.





As to my examination for beginning of an fluid it
 should be retained we are to introduce the hand
 and deliver by the feet, but if it is rigid and unyield-
 ing. The bladder may be to be supported again and a new
 small the desired object is attained, it must be read-
 ily known that we are never judicious in intro-
 ducing our entrance into the rectum. It has been
 stated by some to administer Opium in such
 cases, but it is improper. It may be used with the
 rectum in those cases where soon after delivery
 from hemorrhage, by supporting the abdomen the same
 has been strongly recommended by Hamil-
 ton, but I have not seen the use of it mention-
 ed or prescribed by any writer on the subject.
 Whilst attending to the above principles it must
 also be remembered that the bladder requires at-
 tention, and that it must be emptied at pro-
 per intervals, for Compression has been practised
 by introduction of it alone.



tract from The Monthly Medical Chirurgical Review) |
 thinks that the chief obstacle to delivery consists
 in a spasmodic contraction of the neck and mouth
 of the uterus. To remedy this and relieve local pletho-
 ria or engorgement, he advises the use of the common deple-
 tory measures, with Reme-^{dy} to the extremities, Com-
 melleints and Relaxant emetics and all proper
 endeavours to effect delivery, and with a view to relax
 the Cervix and Os Uteri, he uses Belladonna in the
 form of Extract, made after the following formula.
 R Ext Belladonna ʒij. moisten it with a little wa-
 ter, and incorporate it by trituration with ʒss Be-
 perses Gum or simple extract. This is to be applied
 directly to the mouth of the uterus by means of a
 small Syringe rounded at its extremity, and ha-
 ving an aperture in the end, large enough to ad-
 mit the extremity of the little finger. The pis-
 ton having been drawn back, a small bit of the
 Ointment is placed in the end of the Syringe.



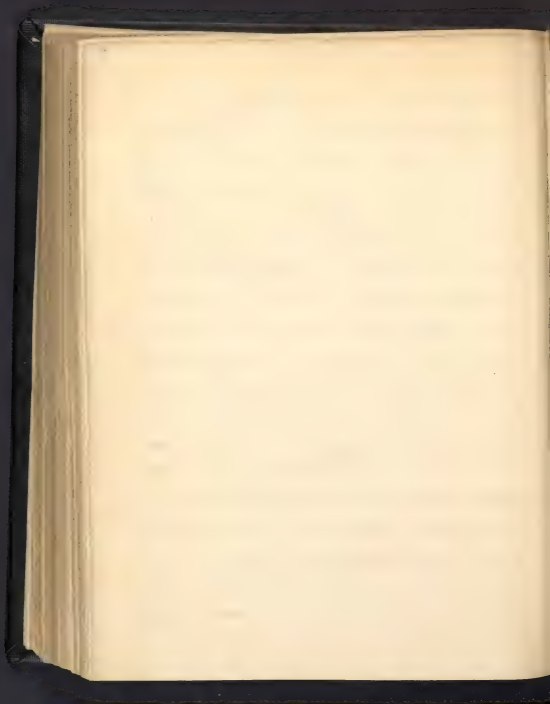
and by the direction of the finger it is carried to the mouth of the uterus, with which it is brought in contact. The Os Uteri is generally dilated he says in about thirty or forty minutes, without impeding the action of the fundus or body. This method, it is said has been employed by him since 1831, and under his direction by Madame La Chapelle, and Madame Legendre, and its use made public both in his lectures and in several Pharmaceutical works. However valuable this remedy may be in his opinion, I imagine it is but little used in this country, I do not recollect for my part ever to have seen or heard it recommended, but I should think that his views as to the nature of the disease are in some cases at least, correct, and that from the known powers of Belladonna it would be likely to have the desired effects, at any rate I can not see that harm could result from the trial of it in cases where the Lancet had been used.



and the Uterus still contracted.

The Apoplectic Species having seldom any connection with labour, is treated by antispasmodics or Camphor. Opium, & peruvian bark. The pulse being mostly full and loose, it is necessary to take away some blood upon the administration of the above remedies an attack of this kind may take place during labour, but it is extremely rare; they almost always attack before labour comes on, and are mostly relieved by the remedies mentioned. If, however, they do occur during labour, and do not yield to these, delivery is to be effected by the usual means.

The Treatment of the Apoplectic Species is much the same as that of the Epileptic, except that the remedies must be administered more promptly, and to a greater extent, mostly, in this case, than in the other, for without this the patient will in all probability die. When, however,



we have the pleasure to see a patient conducted
 in safety through this terrifying disease, we are to
 advise upon her, Temperate living, Occasional
 Bleeding, and an open state of bowels during
 each succeeding pregnancy, advising to her at the
 same time, the probable consequence of neglecting
 the injunctions.

11
The first of these is the
fact that the population of the
country has increased very
rapidly since the year 1800.
The second is the fact that
the population of the country
has increased very rapidly
since the year 1800.

Dear Sir

I have the honor to acknowledge the receipt of your letter of the 11th inst.

in relation to the above named subject.

I am sorry to hear that you are not satisfied with the result of the examination.

I have no objection to your withdrawing the application at this time.

I am, Sir, very respectfully,
Your obedient servant,

Wm. H. Smith

